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**SCHEDULE A** (Far≥ 990 or 990-EZ)

Department of the Tressury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of t	he organizatio	n PIERCE	COUNTY PROFE	SSION	AL		_	En		<del>lentification</del> num	ıber
			GHTERS LOCAL						27	<u>-3148610</u>	
Part I	Reason f	or Public Cha	ity Status (All organiz	ations mus	t complete	this part	.) See inst	ructions.			
The organi		=	because it is: (For lines 1	_	-	•	•				
1 🖳	A church, con	vention of churche	s, or association of churc	ches descr	ibed in sed	ction 170(	<b>Ъ</b> )(1)(А)(і).	•			
2			70(b)(1)(A)(ii). (Attach Sci								
3 🖳			ital service organization o								
4			operated in conjunction	with a hosp	pital descri	ibed in se	ction 170(	<b>Ъ)(1)(А)(i</b> i	). Enter th	ne hospital's name	<b>&gt;</b> ,
	city, and state			<del></del>							
5 🗀	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_	section 170(b)(1)(A)(iv). (Complete Part II.)										
6 📙	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 📖	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									,	
	-	o)(1)(A)(vi). (Compl									
8	•		section 170(b)(1)(A)(vi).		•						
9 [X]	-	•	ceives: (1) more than 33 1				-	-		_	
			inctions - subject to certa								
			taxable income (less sect	lion 511 ta	x) from bus	sinesses a	icdnisea b	y tne orga	nization a	mer June 30, 1975	٦.
40		509(a)(2). (Complet	=	et for aubli	a actoby C	-اهـــ مد	_ 500/-1/4				
# H	•	•	perated exclusively to te operated exclusively for the	•	-			•	v ou et the s	nurnages of one o	
11 []		•	cations described in secti							•	**
			g organization and compl				.). <del>God Set</del>	cion sos	ajjoj. Ona	or the box that	
	a Type I	· · · · · · -	<b>_ `</b>	с П Тур	•		egrated		dП	Type III · Other	
•			at the organization is not			•	_	r more dise		• •	n
· —	=		than one or more public								
` -f		•	itten determination from	• • •	•					,	
	•		this box		•						
g			organization accepted at					owing per	sons?		
•	(i) A persor	n who directly or in	directly controls, either a	lone or tog	ether with	persons c	iescribed i	m (ii) and (	iii) below,	Yes	No
	the gove	erning body of the	supported organization?							. 11g(i)	
	(ii) A family	member of a perso	on described in (i) above?	)						11g(ii)	
	(iii) A 35% C	controlled entity of	a person described in (i)	or (ii) abovi	θ?					11g(iii)	
ħ	Provide the fo	ollowing information	n about the supported or	ganızatıon	(s).						
			Tuno of	7		<del></del>		1 4.15.6	·		
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the organization (v) Did you notify the in col. (i) listed in your organization in col.			lorganizati	(vii) Is the (viii) Amou		i	
organization			(described on lines 1-9			(i) of your support?		(i) organized in the U.S.?		support	
			above or IRC section (see instructions))		,			Yes	No		
			(ace menucuona))	Yes	No	Yes	No	162	140		
					1	<u> </u>		1	1		
		<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del> -	<del>                                     </del>	$\vdash$	<del>                                     </del>		
				l	1						
			<del>                                     </del>	<del>                                     </del>		<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>		
				1		Į.	ļ	ŀ			
			<del> </del>	1	<del>                                     </del>	† <u>-</u>					
				1	1	l l	1	1	1 1		
				1							
						1	1		1 _ 1		
Total				1		<u></u>	<u> </u>				
	Paperwork Re	duction Act Notic	e, see the instructions t	lor				Schedu	e A (Forn	n 990 or 990-EZ)	2010
Form 990	or 990-EZ.									₩ <b>45.</b> ₩	

032021 12-21-10

18 Private foundation, If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2010

048.0<del>0</del>1

## PIERCE COUNTY PROFESSIONAL

Schedule A (Form 990 or 990-EZ) 2010 FIRE FIGHTERS LOCAL 726 BENEVOLENT FUND 27-3148610 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Ser	qualify under the tests listed baction A. Public Support	elow, please comp	plete Part II.)		<del></del>	<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	10, 2000	10,200,	10,200	10,2003	(8) 2010	(i) (Otal
•	membership fees received. (Do not	į					
	include any "unusual grants.")					79,319.	79,319.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in					13,313.	13,313.
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					79,319.	79,319.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			<u> </u>	<u> </u>	1	0.
ì	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year						. 0.
•	Add lines 7a and 7b					<del>                                     </del>	0.
	Public support (Submatter 7c from the 6)					<del> </del>	79.319.
	ction B. Total Support		<u> </u>	L	<u> </u>	<u> </u>	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6		12	197	(4) - 300	79,319.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						1
	acquired after June 30, 1975					]	
•	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	Other income. Do not include gain			1	<del> </del>	1 -	<del>                                     </del>
_	or loss from the sale of capital					ĺ	1
13	Total support (Add lines 9, 10c, 11, and 12)					79,319.	79,319.
	First five years. If the Form 990 is for	the organization'	s first second the	rd fourth or fifth t	ay year as a sectio		
••	check this box and stop here	- to organization				• • • • •	<b>&gt;</b> X
Se	ction C. Computation of Publ	ic Support Pe				<u> </u>	
15				column (fi)	<del></del>	15	100.00 %
16	Public support percentage from 2009					16	_ %
	ction D. Computation of Inves					1.10	
17			17	%			
18	Investment income percentage from 2	18	%				
	33 1/3% support tests - 2010. If the						
	more than 33 1/3%, check this box a						
,	33 1/3% support tests - 2009. If the						
•	line 18 is not more than 33 1/3%, che						
20							
	23 12-21-10			100, G100K (			00 or 990-EZ) 2010
					ocn	POUND W (FOR III) PC	~ w vov E2)2010